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THE QUEEN'S NURSES.

Those of us who receive the CANADIAN NURSE were delighted to hear that for the future it is to be a monthly publication, and also that we shall now always find a page in it devoted to the Victorian Order. We, Queen's Nurses, naturally take a deep interest in our sister order, and always read with eagerness any account we get of the work and experiences of its nurses.

We sometimes think some of our own posts very "lonesome" and inaccessible, but when we read of the immense tracts of country that separate Victorian Order nurses from friends and postoffices, and when we hear of the real hardships they are sometimes called upon to endure on their winter journeys, we feel that in comparison our most remote district is the hub of the universe and our severest experience hardly worthy of mention.

This being so, I scarcely know what I can find to say about Queen's Nurses that will interest your readers. Probably slight differences exist between us and the Victorian Order in dress, equipment, mode of locomotion, and certainly there must be a greater difference still between our patients' houses and manner of living and therefore possibly a brief sketch of some of these things may amuse them.

A Queen's Nurses' uniform is made of dark blue gingham. In England and Scotland we wear when at work brown holland aprons and oversleeves, while in Ireland both apron and oversleeves are made of the same material as the dress. A certain amount of latitude is allowed in the way of outdoor uniform; town nurses usually prefer the small close bonnet and circular cloak chosen for her nurses by Queen Victoria, but those who cycle and who live in very wet, wind-swept places, usually adopt the ulster and serge cap or blue sailor hat, also sanctioned by the Institute. Country nurses use bicycles to a great extent, but some committees in hilly places provide a small pony and cart for their nurse, while in the remoter Irish and Scotch districts it is no unusual thing to see the nurse riding pillion behind some relative of the patient who has sent for her.

As regards our districts themselves, in the short space at my disposal it is almost impossible to give any adequate idea of them.

There is the London district, where the nurse feels as if she spent her life climbing up and down stairs, now up the great stone flights in the buildings, to the small self-contained flats occupied by a respectable and fairly well-to-do class of patient, and now up rickety, dark stairways in dilapidated tenement houses, where whole families occupy single rooms, and where she often comes across distress and poverty such as I hope are unknown in Canada.

Then there is the little English country district, with its green lanes and pretty thatched cottages nestling amongst orchards and gardens. And there is the Highland district, with its wide stretches of moor, beautiful with purple heather at certain times of the year, but dreary and bleak enough at times, as the nurse may admit (if she is not a Scotchwoman), after a long day's tramp between the scattered farm houses.

Last, but not least, there is the Irish district of the west coast, where twenty, thirty or forty miles from a railway station after a drive over an endless sea of bogland, you catch sight of the nurse's neat house, conspicuous amongst the rough stone hovels which surround it. The feature of these Irish districts is the bogs and the stones; every little potato patch is surrounded by a low stone wall, the thatched roofs are weighted down with stones and stones lie in every inch of the path. The civilization of the people is low in these parts and the poverty extreme. Asses and hens usually share the single-roomed cabin with their owners. The boys in many places are dressed in girls' petticoats until they are nine years of age, partly because petticoats can be spun and woven at home, while suits must be bought, and partly because the fairies prefer boys to girls and cheated in this way are less likely to spirit them away. In the district of which I am thinking particularly, no man would venture out alone after dark for fear of the fairies dragging him into the bog; therefore when the nurse receives a night call she always finds a couple of men at her door, and they are amazed at her temerity when she informs them she will follow them alone. In such a district as this the nurse has literally no one to speak to besides her ignorant patients, except the doctor, who generally lives eight or nine miles away, and the parish priest. In this respect she is probably worse off than the Victorian Order nurse. It argues well for the courage and vocation of the nurse who is willing for the sake of the good she can do to put up with such solitude for ten or eleven months of the year.

HERMIONE BLACKWOOD, Q.N.

THE DETERMINATION OF THE OPSONIC INDEX AND ITS RELATION TO BACTERIAL INOCULATION.*

You are all aware that the blood is composed of a fluid medium in which the red and white corpuscles are suspended, and that when the blood is withdrawn from its normal channels the phenomenon of clotting occurs, with the separation of a pale yellowish fluid called serum. It is with this latter element that we are here chiefly concerned.

In his researches Professor A. E. Wright, of St. Mary's Hospital, London, determined by a series of experiments that in the serum there were elements which, when brought into direct contact with various forms of bacteria, rendered such bacteria more susceptible to phagocytosis and inasmuch as these elements appeared to prepare these organisms for inception by the leucocytes, he gave to them the name of opsonins (from the Latin word "opsono," I cook for; I prepare victuals for). It was further determined by the same investigator that the opsonin varied in different infections; that is to say, the element concerned in preparing staphylococci for inception by the white cells varied from that which acted to the same end upon tubercle bacilli.

Extending these experiments still further it was found generally to be the case that the serum of an individual suffering from an infection such as staphylococcus, contained fewer opsonins specific to staphylococcus than the serum of a healthy individual.

We must now consider how the amount of opsonin is determined, for which calculation the following elements are requisite.

(1) *Washed Corpuscles.*—A test tube, the size of the little finger, is three-quarters filled with a solution containing .85 per cent. sodium chloride and 1.50 per cent. of sodium citrate. Into this solution 10 to 15 drops of finger blood are received and thoroughly admixed. The tube is then placed in a high speed centrifuge and the cellular elements of the blood precipitated. The clear fluid above the corpuscles is then removed by means of a glass syphon, the tube refilled with .85 per cent. saline solution, the corpuscles thoroughly remixed, again centrifugated and the overlying fluid withdrawn by syphon and pipette. The tube is then partially imbedded in a sand tray in a slanting position. Upon close observation one can make out readily the differentiation of the corpuscles into two layers; a thicker deep-red under layer, and a thin, pinkish-grey upper layer (the "buffy coat" or "blood cream"), consisting chiefly of leucocytes. It is with this latter portion of the precipitated corpuscles that we are concerned.

(2) *Bacterial Suspension.*—As an example we will make use of an eight hour culture of staphylococcus upon plain agar. From

*A lecture delivered to the members of the Montreal General Hospital Nurses' Club, by E. M. von Eberts, M.D., Montreal.

the surface of the slant a minute portion of the growth is removed with a platinum loop, washed off with .85 per cent. NaCl, into a watch glass and thoroughly broken up. If the opacity of the emulsion thus obtained is deemed to be too dense, *i.e.*, contains too many cocci, further saline is added. Finally the point of the pipette is sealed and placed in the sand tray.

(3) *Serum.*—The serum of the individual whose Index is to be determined is then obtained by pricking the finger and receiving the blood into a small glass capsule, such as the one here shown. After sealing one end of the capsule it also is placed in the sand tray and allowed to stand until the blood has clotted and the serum separated. At the same time a control specimen of blood is taken in a similar manner from a healthy individual.

We next prepare from glass tubing, by aid of the blow pipe, long, narrow pipettes, similar to those shown, upon which a volume is marked with a blue pencil; then taking one of these pipettes, fitted with a soft rubber teat, we draw up a volume of *washed corpuscles* from the surface layer of our tube, a similar volume of the *suspension of cocci* and finally a volume of the *serum;* permitting an air space to intervene between the corpuscles and the suspension of cocci. The contents of the pipette are then expelled upon a glass slide, thoroughly mixed by repeated aspiration and expulsion and finally drawn up in a continuous volume well within the pipette and the tip of the tube sealed. The pipette is then passed into one of the openings in this tubercular incubator, where it is allowed to remain at blood temperature for fifteen minutes. A second pipette is then similarly prepared, using the control instead of the patient's serum.

We may now concern ourselves with the preparation of the slides upon which films are to be drawn. These slides are thoroughly washed with soap and water, rinsed in alcohol, dried, passed through the flame of a Bunsen burner and the surface rubbed with 00. French emery paper. By the use of the latter a microscopic roughness is effected which arrests the red cells during the drawing of the films, while the larger white corpuscles "bump the bumps," and are found congregated at the lower margin, thus greatly facilitating their detection during the process of counting.

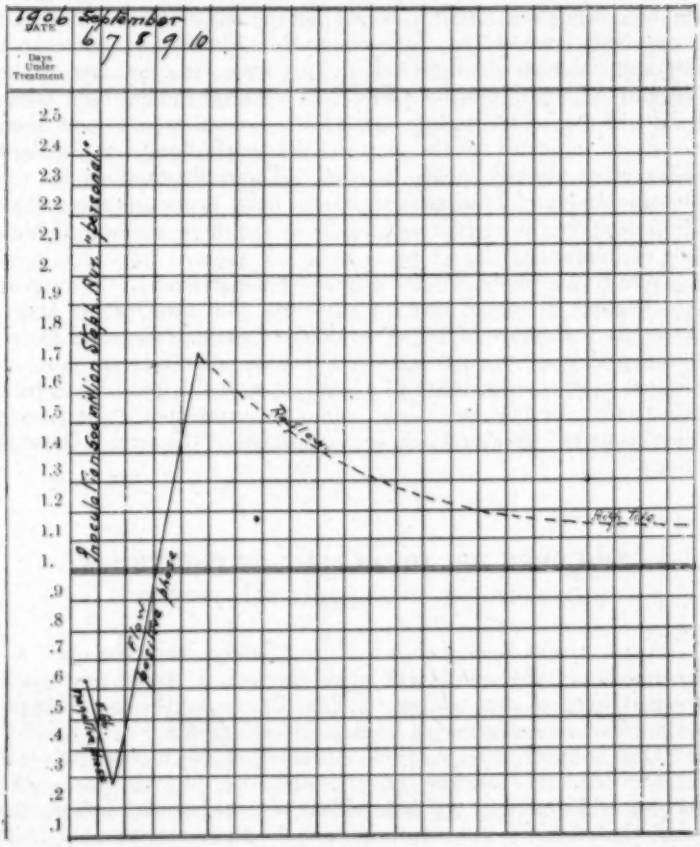
At the expiration of fifteen minutes the pipettes are successively removed from the incubator, the sealed tip broken off, the contents remixed upon a slide and films drawn. These films are then stained with Leishmann's blood stain, the leucocytes located, and a count made of the bacterial content of 100 polymorphonuclear leucocytes from which the Opsonic Index is determined according to the following example:

Control Serum.—100 polynuclears contain 400 cocci, *i.e.*, an average of 4 cocci per cell. This is taken as the standard, and is expressed as 1.

Patient's serum.—100 polynuclears contain 300 cocci, *i.e.*, an

average of 3 cocci per cell, *i.e.*, ¾ of 1 = .75 Opsonic Index. The Opsonic Index, in other words, is an expression of the individual's standard of immunity to a particular infection compared with the normal.

We have next to deal with the practical application of the Opsonic Index. Just as vaccination with the virus of cow pox protects the individual against smallpox, so it has been found that an individual's immunity to staphylococcus infection may be



heightened by inoculation with a vaccine prepared from devitalized staphylococci. These bacterial vaccines are prepared in the following manner. A twelve-hour growth upon plain agar is washed from the surface of the slant with 6 CC. of .85 per cent. saline and decanted into a sterile test tube. The tube is then sealed in the flame, the contents agitated to ensure an even emulsion and the organisms devitalized in a water bath at a temperature of 60 degrees C. for one hour. After removal a control cul-

ture is made and the concentrated vaccine diluted to a suitable strength for use. If at the end of twenty-four hours no growth is obtained the vaccine may be used with safety.

Details with regard to standardizing and lysolizing vaccines are omitted as unsuitable for the present demonstration.

The chart here shown illustrates the effect of vaccination in a case of furunculosis, as indicated by the Opsonic Index. This individual suffered for three months from recurring crops of furuncles. On the day before inoculation his Opsonic Index to staphylococcus was found to be .62; on the day following, .28, and three days later, 1.72. This chart also illustrates admirably a law applicable to all bacterial inoculations, viz., the law of the "negative" and "positive phase." Had later indices been taken no doubt a gradual decline toward the normal would have been noted (as indicated by the dotted line), with finally a constant index at or slightly above normal. These fluctuations in the Opsonic Index, following inoculation, have been interpreted by Professor Wright as representing "the ebb, flow, reflow and high tide of immunity."

While it is impossible to fully cover the ground in the time at our disposal, I trust I have made it clear that the Opsonic Index is simply a measure of the effect of the dosage in bacterial inoculation and bears to such practice much the same relation that the clinical thermometer bears to a case of typhoid fever upon bath treatment. In fact we might coin the expression "Immunity Thermometer" as a practical interpretation of the term "Opsonic Index."

THE OPEN AIR TREATMENT OF PNEUMONIA.

As there has been so much written lately about the open air treatment of tuberculosis and such diseases, I thought it might interest some of the readers of THE CANADIAN NURSE to know with what success we have used it in pneumonia.

Our hospital is a small one, situated on the highest point of land in the city, sunshine on all sides, and quite isolated. We have a wide balcony on three sides, but are protected from the east wind. Early last winter, when the thermometer read from zero to 20 deg. above, a very bad case of pneumonia was admitted. The physician said he considered it practically hopeless, and was quite willing we should experiment with the new method.

He was cyanotic, restless and somewhat delirious; temperature, 105; pulse, 128; respiration, 58. Our orders were to give him an early bed-bath, so as to get him out into the air by eight o'clock, and to keep him there until it was dark, about four p.m.

During the night he was sponged every four hours for tempera-

ture of 102 deg. or over. When out of doors we protected him with hood, hot-water bags and extra bed-clothing. Almost immediately on being put out he fell asleep and, while the respirations were not much slower, the dyspnoea was greatly relieved and the cyanosis disappeared. The temperature dropped steadily by lysis, and he made a very rapid recovery. My nurses did not appreciate the new order of things, but the "family" fur coat and change of nurses every half hour when it was so very cold, kept them fairly comfortable. We gave very little medicine, a carb. ammon. solution and strychnine as required, was all we used. The almost immediate relief given by the pure, cold air was wonderful, and such an improvement on our former method of keeping them in well-ventilated rooms with oxygen inhalations, or even putting the cases in rooms with the window taken completely out, as we had done several times.

Since trying this plan last year, we have not lost one single case, and several of them were admitted as almost hopeless.

Our greatest difficulty has been with the friends of the patients, who thought we were going to kill them at once; but even they were more than satisfied when they saw the patient sink into a quiet sleep after the the restlessness of the time previous to admission. Besides this, I think we have helped people, who have been accustomed to house themselves in during the winter, to realize the importance and, indeed, necessity, of plenty of fresh air.

HELEN RANDAL (R. V. H., Montreal).

Rutland Hospital, Rutland, Vermont.

HOSPITAL ETHICS AND DISCIPLINE.

From the time a nurse begins her career as a probationer in the training school, she should be given a clear understanding as to her relations to the institution, to its various officers, to nurses and to servants. A copy of the rules regarding nurses should be furnished her and any necessary explanations should be made at that time. This the institution owes to every probationer, but too often it happens that she is expected to learn rules by breaking them, or to get hold of them through the uncertainties of tradition. When a nurse has been told the rules, it is the business of the head nurse to see that they are enforced as far as relates to her department, and to co-operate with the superintendent in the maintenance of discipline.

It need hardly be stated that the head nurse herself should strictly observe the rules of the hospital, which are made with the good of all concerned in view; but, as a matter of fact, many head

nurses are anything but good examples in this respect. Too many head nurses are a law unto themselves, too many of them resemble Kipling's heathen, of whom it was said: "'E don't obey no orders 'less they is his own," a most undesirable characteristic even in heathens. When it is found in a head nurse it bodes no good to the institution. If the house rules say "Lights in patients' rooms must be extinguished by nine p.m.," that "nurses must not visit in the hospital proper while off duty," and the head nurse is found visiting in a patient's room at ten o'clock at night, it is very likely the pupil nurses will soon get the impression that rules are not of much importance—not expected to be observed.

If the rules say that nurses must confine their conversation with internes to strictly professional subjects, must avoid all unnecessary conversation while on duty, and the head nurse sits at her desk and gossips about things in general for an hour at a time, how can pupil nurses be expected to have due respect for institutional regulations.

It has been said that discipline is the difference between an army and a mob. If even a measure of discipline is to be maintained, head nurses must be impressed with the necessity of teaching both by precept and example, that rules are to be observed; that if for any reason, it becomes necessary for a nurse to deviate from them, explanations or apologies are in order.

On the report of the head nurse will depend largely the acceptance or the rejection of the probationer, since she is in a measure responsible for her work and conduct, and is especially well situated to observe whether or not the candidate has in her the qualities necessary for a successful nursing career. Just here a word as to the need of patience with the probationer is in order. There are in our hospitals many head nurses who are in themselves capable workers, but, who are utterly unable to see the promise or the possibility in a probationer who is slow in developing. With them either a probationer is a "jewel," or she is "good for nothing." There is no middle ground with them. They lack the power of seeing beneath the surface, of perceiving the diamond in the rough. Many a nurse who has, later on, proven to be a tower of strength to institutions and to homes, an assistant most acceptable to physicians, and a true friend to the sick, has in the beginning been most unjustly dealt with, because some head nurse did not see the use of bothering with her, and reported adversely concerning her. Then, too, very frequently, a nurse who has seemed to be a failure under the direction of one head nurse, has done acceptable work when placed under the supervision of another. As a rule, the probationer who is slow in developing will be more likely to succeed in a small training school, where she comes into closer touch with the superintendent; where there is greater opportunity to study individuals, and where the sterling qualities are not lost sight of, or obscured, by

the brilliancy of some brighter candidates who do not always continue to shine so brightly, when they get farther on.

In the daily practice in the wards, the head nurse will find abundant opportunity for teaching ethics, the branch of science which treats of human actions from the standpoint of right or wrong. In the past it must be admitted that much more stress has been laid on hospital etiquette than on ethics. Both are important, but, a thorough understanding of hospital ethics will make it very much easier to teach the simple form of conduct or manners applicable to certain places or occasions.

After years of experience with nurses, it has come to be a habit with at least one superintendent, to emphasize first, in the theoretical teaching of ethics, the point of common honesty—"truth in the inward parts." And the simple practice of common honesty in a hospital every day will carry us far. Too many of our nurses come to the hospital with poorly developed consciences, or, as a popular writer has termed it—"fatty degeneration of the conscience." Whatever term is used the fact is plainly in evidence that the matter of conscience-building has received scant attention in the homes from which some of our nurses have come. Perhaps it is true, that many things are done from pure thoughtlessness, but there are times when thoughtlessness is criminal, and other times when it is positively inexcusable.

CHARLOTTE A. AIKENS.

(*To be continued.*)

OBSTETRICAL NURSING.*

The subject of this paper is one with which, no doubt, you are as familiar as I. However, the manifest importance of a thorough knowledge of an obstetrical case warrants careful consideration. It is well for us to remember that in the practice of our profession our student days are never over, as each day brings new experience that but adds to the sum of our knowledge, and those of us who have not attained that degree of perfection, which is the goal of all who are truly ambitious will, day by day, gather experience that will serve to achieve that end, and incidentally benefit humanity. We must always remember that in the pursuit of our duties, we should adopt as our motto, "Live and learn."

We have been taught that labor is a physiological process which Mother Nature will attend to with but slight assistance, and in a majority of cases it is so, but in undertaking an obstetrical case the nurse should come prepared to care for that case which is not physiological, and while the nursing of a normal case of labor is simple it should *never* be careless.

*Read at a meeting of the Wayne County Nurses' Association, Michigan.

Emergencies are likely to arise at any time, and the properly trained nurse should be self-possessed and clear headed, in order to be the doctor's ever ready ally in all the mischances that may occur during labor and the puerperium.

The first responsibility that confronts us is when to call the doctor. If examinations are allowed this will be easy, as the physician should be called when dilatation is complete if the patient is a primipara, sooner in the case of a multipara. If examinations are not made we must be governed by the character of the pain. The nurse will, if possible, delay delivery until the arrival of the physician; the use of hot towels for this purpose will relax and soften the tissues of the perineum.

After labor has begun the two great dangers to be faced are asphyxiation for child and hemorrhage for mother, upon the treatment of which I will not dwell at length. In the case of the former complication the methods of inducing artificial respiration are well known to you as are the methods of making hot and cold applications. Always have a sufficient quantity of ice and hot water at hand, as these will be the first things called for in an emergency.

The latter complication, post-partum hemorrhage, may occur even some hours after labor, and we should be on our guard against this condition. A nurse should never retire the first night after delivery without planning carefully what she would do if called suddenly to meet this emergency. Never leave the bedside of the patient for the purpose of preparing douches, summoning the physician or getting the ergot, as these offices can be performed by the members of the family. The place for the nurse is at the bedside "credeing" the uterus. Do not allow the family to give medicine during an emergency, as in their excitement they may give a wrong dose. Do not lose your self-possession; remember that here is the test of your training, and that you are responsible. Another complication for which the nurse must be on the lookout is a rise of temperature. This may be of no significance if it is co-incident with the establishment of lactation, but it is of grave importance if associated with scanty lochia, and should always be promptly reported.

Of the treatment of that disease, now happily going out of fashion—puerperal fever—I will say nothing, save to repeat the reply of that famous French physician, who, when asked to give its proper treatment, answered that "It should be treated as a felony!"

The care of perineal stitches will add something more to the nurse's work after parturition, and special care should be exercised in cleansing the parts when dressings are changed. The treatment of neglected lacerations of the perinenum is, as Mr. Rudyard Kipling would say, "another story."

To recapitulate: Prompt care of asphyxiated child: intelligent

and immediate attention to mother in case of hemorrhage; recognition of danger signal of elevation of temperature, and surgical cleanliness in care of all open surfaces. These are the points that may mean life or death to mother or child, or both, and these are the final test of the efficiency of a nurse. In many cases, however, not one of these emergencies arises, and this brings us to the consideration of several things which are second only in importance. These may be classed as the attentions which make for the comfort of the patient.

The ability of the mother to nurse the baby depends so much upon her night's rest, that the duty of the nurse is, to relieve her of the care of the infant as much as possible. The breasts should never be used to quiet a crying baby. If it is cross and fretful offer it water, and it will often quiet the little one at once. The proper care of the breasts add greatly to the comfort of the mother. The nipples should have been bathed in alcohol, camphor or listerine some weeks before confinement, so as to render them less sensitive, thereby preventing fissure of the nipple and possible sequela, abscess of the breast.

Remember that a fissured nipple is the starting point of an abscess; therefore, watch the nipples carefully. It is necessary, of course, to keep the nipple clean during lactation by bathing it with boric acid solution, and to keep the skin in a healthy condition by frequent applications of sweet oil or castor oil until the nipple becomes accustomed to its functions. If a fissure forms, or if the nipples are very painful, notify the physician at once, and receive instructions as to how the fissure is to be treated. Do not wait until an abscess has formed. Congestion and engorgment of the mammae occur in almost every case on the third day when lactation is instituted. This is most easily prevented by the use of the mammary binder. One which we use at the Woman's Hospital is made with three towels, one is folded wide to fit the back, the other two, which are to support the breast, are folded lengthwise, and are only half as wide. These are pinned to the back to form a V, the ends of which are brought to the front and snugly pinned. In drying up the secretions, should the breasts become hard and tense, hot camphorated oil compresses will give relief in a surprisingly short time. In caring for the new-born the cord should be regularly inspected for hemorrhage, at least every fifteen minutes during the first hour after birth. This should not be neglected in your attentions to the mother. Do not use force in rubbing the skin to remove the vernix caseosa; if not at the first washing, it can all be removed at the second. The child should be bathed each morning before, never directly after, a nursing. The nursing should be at regular intervals every two hours during the day, and every four hours during the night.

The mouth should be washed with a boracic acid solution

directly before and after each nursing. If sprue or thrush develops it is clearly the result of carelessness.

Never use a napkin which has been wet, without its being first washed. Never hang napkins to dry in the room used by the patient. An inflammatory condition of the skin of the buttocks, an intertrigo, is almost invariably the result of neglect. The cord must be kept very clean until it falls off, as the navel is the most frequent site for absorption of septic matter.

An obstetrical nurse bears a different relation to the family than a nurse in any other capacity. She stands between the comfort of the mother and baby at one hand, and the natural interest and curiosity of the rest of the family. The nurse should remember the fact that was mentioned at the outset, that the birth of a baby is a physiological process, and not a case of disease. While the nurse who loses her head in a serious emergency is useless, still, the nurse who combines with her ability to meet an emergency tact and forgetfulness of self, and the power to put herself in another's place, that will enable her to make her patient comfortable from beginning to end, is the nurse who will be called to a family a second time, and will be recommended to the friends of every patient she has.

In conclusion—concerning one point which you will agree with me is very "practical"—it will suffice for me to say that the trained nurse will find, as the doctor has long since found, that large wealth will not come to her through her practice in obstetrics, unless, indeed, that practice is largely among primiparæ in what Dickens happily calls "the halls of the rich and the great." This fact, however, will not influence the true nurse in her endeavor to aid her suffering sister in passing through the Gethsemane of womanhood. If we fail to achieve wealth or fame, if we are overworked, and often made to feel the chilly breath of human ingratitude, we may take comfort in the thought that no life earnestly devoted to the healing art can, in human economics, ever prove a failure.

GERTRUDE BRESLIN.

Woman's Hospital and Infants' Home, Detroit, Mich.

THE BELOVED WORK.—"If one only wants enough to complete a definite piece of work, I find that it gets itself done in spite of the insistent pressure of other businesses and the deadening monotony of heavy routine, simply because one goes back to it with delight, schemes to clear time for it, waits for it round corners, and loses no time in spurring and whipping the mind to work, which is necessary in the case of less attractive tasks. The moment that there comes a leisurely gap, the mind closes on the beloved work like a limpet; when this happens day after day, and week after week, the accumulations become prodigious."—*A. C. Benson.*

TORONTO BRANCH.

The annual meeting was held on February 28th, at the residence of the Hon. Geo. A. Cox, who presided, and was in every way successful. The Chairman emphasized the necessity of the order. He said that the medical profession, who were generally opposed to the formation of the order a few years ago, now recognize it as one growing in usefulness, popularity and strength. Hon. Mr. Cox also referred to the fact that the City Council last year recognized the good work being done by the order and made a grant of $300 towards the maintenance of the nurses' home on Spadina Avenue.

The annual report, presented by Miss Charlotte E. Eastwood, the Lady Superintendent, showed that the nurses had been called out to attend 461 cases, making in all 6,916 visits. The sum of $1,745 was received from patients. Of visits made 1,335 were absolutely free, showing an increase of 378 over the previous year.

Dr. Harley Smith, who presented the medical report, pointed out that the nursing has been of the highest quality and that the order was accomplishing an excellent work in relieving the suffering poor. The financial statement, presented by Mr. D. R. Wilkie, showed that the receipts for the year amounted to $4,474. The expenditure, which was about $100 over the income, was made up by a contribution from Mrs. Wm. Mackenzie. The first Wednesday in February was fixed for the annual meeting of the order. Following are the officers for the current year: Governors, Mrs. J. Herbert Mason, Mrs. Samuel Nordheimer, Mr. D. R. Wilkie, Mr. Chas. Cockshutt and Mr. J. W. Flavelle; Hon. Treasurer, D. R. Wilkie; Hon. Secretary, Harry Vigeon; Assistant Hon. Treasurer, A. R. Capreol; Assistant Hon. Secretary, H. F. Vigeon; District Lady Superintendent, Miss C. E. East-

wood; Executive, Lady Thompson, Mrs. J. Herbert Mason, Dr. Harley Smith, Rev. John Potts, Dr. F. L. M. Grasett, C. Cockshutt, Mrs. W. Cummings, Mrs. S. Nordheimer, J. W. Flavelle, Hon Geo. A. Cox, Dr. John Caven, Rev. Canon E. A. Welch, D. R. Wilkie, J. Herbert Mason, Dr. Temple, Dr. T. D. Thorburn; House Committee, the ladies of the Executive Committee, and Mrs. W. D. Matthews, Mrs. J. W. Flavelle, Mrs. Winstanley, Mrs. T. Eaton, Miss Emily Merritt, Mrs. L. M. Coad, Mrs. A. J. Arthurs, Mrs. J. B. Maclean, Mrs. C. D. Warren, Mrs. Davis, Mrs. Capreol, Mrs. Grace, Mrs. Stratford, Mrs. W. F. Clark and Mrs. Otter.

Those present at the meeting were received by Mrs. Davis, daughter of Senator Cox, and at the conclusion of the business, tea was served in the dining-room.

HALIFAX BRANCH.

The following was the report of Mrs. William Dennis, President, read at the annual meeting of the Victorian Order of Nurses:

During the past year the work done has been over fifty per cent. in excess of any previous year. Our two nurses, Miss Mellefont and Miss Dodd, have with difficulty been able to overtake all the calls made upon them, and we are likely soon to have to face the problem of a third nurse, and how the funds shall be raised to support her. When we reported 2,315 visits made by our nurses in 1905—an average of over 41 a week, we considered they had done a good year's work, but in 1906 they have made 3,723 visits, an average of over 71 visits a week, and an increase of 1,408 visits over the previous year's record. Each month of the year 1906 the number of visits made has been in excess of the corresponding month of 1905. This means that the people are learning the advantages of having trained nursing and are finding out that the Victorian Order brings it within their reach, also that the work done enjoys the confidence of both the doctors and people. During the past year there has been a large increase in the maternity work. Each of the 299 cases nursed has its own interesting history. We could tell of work among the very poor in sick rooms, where there was nothing but a bed and one chair; of cases where the nurse herself had to make the fire and first borrow the coal with which to make it; of fourth-rate boarding houses, in which the mother and babe were two floors from any heat, and the water to wash the patient had to be carried up two flights of stairs; of the cleaning to be done, especially before operations, and of poverty so great that the whole tenement and sometimes the whole neighborhood had to be called upon to get the

necessary appliances. Of the 3,728 visits made during the year, 2,486 have been free visits; for 1,242 we have received small sums. In other words, for every visit for which remuneration has been received, two have been free. Many of those who are not of the very poorest class have only what they live upon from day to day, and when the breadwinner is laid aside that small sum ceases. The burden of illness always presses heavily upon them, and then nursing must be free or they must do without it.

But our patients have not all been of this kind. We have another most useful and very encouraging class of work, namely, that among the working classes—people who receive regular wages, quite sufficient for them to live upon in comfort, but allowing no margin for extras and for whom a trained nurse at $10 or $12 a week would be an impossibility. This class desires no charity and would very properly refuse to accept gratuitous services. They are able to pay for a portion of a nurse's time and desire to do so. District nursing meets this want by giving to one case the amount of time it requires and then passing on to another. In maternity cases an hour or an hour and a half makes the mother comfortable, washes and dresses the infant and ensures that there are none of those evils which arise from improper nursing and want of rigid cleanliness. Persons usually pay for such services 25 cents a visit—12 visits, which is the average number for maternity cases, costing $3. Grateful patients have, on more than one occasion, handed the nurse $1 in excess of the charges. We have received for the 1,237 visits $273.50, an average of 22 cents a visit. Each visit costs the order a little over 44 cents, so even these patients have received their nursing at half its cost. This class of work has been very encouraging from the fact that the nurses have been able to show the friends or relatives how they care for the patient and it has been most gratifying to see the improvement made and the pains taken to do everything as the Victorian nurse does it. In all cases the aim of the order has been to bring trained nursing within the reach of those who cannot get it unaided and who would suffer without it.

Though 170 out of 299 of our cases have been maternity cases, our work is not confined to such, as our 129 other patients can testify. Thirteen of these have been chronic cases. Thirty-four operations have been attended by the nurses. These have covered all kinds of cases, from the lancing of an abscess to the amputation of a leg, and in all their services have been invaluable to the doctors. The last offices have been performed in 21 cases. Nor has the work been confined to the day, as the 51 nights of duty testify.

A POST-GRADUATE course in District Nursing will be given in the Home of the Victorian Order of Nurses, Ottawa. Apply to Miss Allen, 578 Somerset Street, Ottawa.

The Guild of Saint Barnabas

"Je le pansay ; Dieu le guarit." [I tended him ; God healed him.]
—*Ambroise Paré.*

Canadian District

MONTREAL.—St. John Evangelist, first Tuesday, Holy Communion at M.G.H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday, Holy Communion at R.V.H., 6.15 p.m.
MONTREAL.—St. John Evangelist, third Tuesday, 8.15 p.m.
District Chaplain—Rev. Arthur French, 1773, Ontario Street.
District Superior—Miss Stikeman, 216, Drummond Street.
OTTAWA—The Cathedral, First Monday.
Chaplain—Rev. Canon Kitson, the Rectory.
Local Superior—Miss L. C. Wicksteed, 494, Albert Street.
TORONTO—St. James' Cathedral Rectory, last Friday, 8 p.m.
Chaplain—Rev. Canon Edward A. Welch, St. James' Cathedral Rectory.
Local Superior—Mrs. Welch.
Secretary—Miss Maud Roger, 5 Howland Ave.

The January and February meetings of the Guild of St. Barnabas were held as usual on the last Friday in the month. In January at 3.30 p.m., and in February at 8 p.m. The alternate afternoon and evening meetings are found to be better, as it gives all the members a chance of attending. The attendance was not large, but there appears to be a feeling of greater interest in the work of the Guild among the nurses than formerly.

The chaplain, Canon Welch, is reading a book at the meetings, "The Pilgrim's Hospice," a book on the Holy Communion. The writer, David Smith, M.A., in the preface says, "It is an attempt to tell something of the comfort and sweetness which I have found in the mystery of the Holy Communion." It certainly will be found to be a help to the members of the Guild of St. Barnabas.

Another book which every member should read, and which everyone would take a great deal of pleasure in reading, is "In Watchings Often," by the Rev. E. E. Holmes. It is a collection of addresses given at the Annual Retreats of the G.S.B. in St. John's House, London. Every nurse, who realizes her responsibility, on reading some of these most beautiful addresses, will be helped and encouraged. The Toronto branch has a copy of the book, and the Superior, Mrs. Welch, will be delighted to lend it to any nurse who wishes to read it.

8 Cawthra Square. GWLADYS F. OWEN.

My Scallop-Shell of Quiet

GIVE me my scallop-shell of quiet,
My staff of faith to walk upon,
My scrip of joy, immortal diet,
My bottle of salvation,
My gown of glory, hope's true gage;
And thus I'll take my pilgrimage.

Blood must be my body's balmer;
No other balm will there be given;
Whilst my soul like quiet palmer
Travelleth toward the land of Heaven;
. . . . . .
My soul will be a-dry before,
But, after, it will thirst no more.

—Sir Walter Raleigh.

In comforting others shalt thou be comforted; in strengthening others shalt thou find strength; in loving shalt thou be loved.

I HAD A FRIEND.—"What is the secret of your life?" asked Mrs. Browning of Charles Kingsley; "tell me that I may make mine beautiful, too." He replied, "I had a friend." The reverence this implies borders close on worship and the ennoblement that comes from that.—*William Gannett.*

GRENFELL OF LABRADOR.—Do you want to see a man out of the Bible? Go to hear Grenfell, of Labrador. All your life long, maybe, you have wondered how men looked and spoke who "left all and followed Him." You can see the bearing of such a man to-day. Have you ever known people to whom life is really simple, who see everything in a white light, who march like soldiers all day long and every day in the year, who work miracles because they give up everything else, and eat, breathe, think and pray for Africa, Labrador, or the submerged tenth, the one desire of their hearts? If you have, then you have known Grenfell. Such a man was Livingstone, whose name still marks a tree by the Falls of the Zambesi. . . . Grenfell's voice is the voice of a prophet of the twentieth century. Do you think you will have a chance to hear many other voices like that?—J. R. M., in *The Toronto News.*

One stone the more swings to her place
In that dread Temple of Thy worth—
It is enough that through Thy grace
I saw nought common on Thy earth.

Take not that vision from my ken;
O, whatso'er may spoil or speed,
Help me to need no aid from men,
That I may help such men as need!

—RUDYARD KIPLING.

The Canadian Nurse

VOL. III. TORONTO, APRIL, 1907. No. 4

Editorial.

THE GRADUATE NURSES ASSOCIATION OF ONTARIO.

As the Annual Meeting of the Graduate Nurses' Association of Ontario is drawing nigh, we hope all its members are making their arrangements so as to be present. There are important matters to be discussed, including at least five proposed changes in our by-laws, on which we are anxious to get the general opinion. The voting for officers may be done at home, but the altering of the by-laws can only be done in a general meeting, and we hope everyone will take part in this responsible duty.

It is expected that a scheme will be proposed by which the graduates in the far-away towns, and all our undergraduates, may become thoroughly acquainted with the important subject of "State Registration."

Isolated nurses, and those still in the training school, have not much chance of knowing what is being done towards obtaining registration, or getting an insight into the necessities for, and benefits of, registration.

To get the sympathy and interest of the undergraduates in our work seems most desirable. In another year many of them will, we hope, be members of the Association. If they know what it is all about, they will be much more enthusiastic members.

In the matter of registration, it is most important that the nursing body of Ontario should be a unit. It is not the prominent few, but the large body that affects public opinion, and when we have public opinion in our favor the Legislature will not turn a deaf ear to us.

Dr. W. Harley Smith has promised us a paper on "Recent Advances in Medicine." Those of us who know Dr. Smith as a speaker are certain a treat is in store, and that practical knowledge will be imparted, which we can make use of in our profession.

Lest we get too serious, Mrs. Jean Blewett has been good enough to consent to brighten the occasion by giving us some of her sympathetic recitations.

The meeting will be held in Court Room No. 1, Temple Building, Bay and Richmond Streets, on Saturday, March 30, at 2 p.m. And not only the members, but all graduate and undergraduate nurses, will be cordially welcome. Members are requested to bring with them to the meeting the printed slips containing proposed changes in the constitution. This is important, as further copies cannot be had.

C. E. Eastwood.

A CREDIT TO THE PROFESSION.

Miss Cross, of the private staff of the Middlesex Hospital, accompanied her patient, who was a member of Sir Alfred Jones' party, to Kingston, and the *Nursing Times* contains a deeply interesting account of her fortitude and great usefulness, especially as assistant to Dr. Evans on the Port Kingston. Dr. Evans performed one hundred operations for the wounded, and he and Miss Cross had to go straight on working for twenty-four hours. Dr. Evans says, in the *British Medical Journal*: "To Nurse Cross I owe an everlasting debt of gratitude. Jamaica should ever remember her." On the return voyage Miss Cross had not only some of the sufferers, but also several cases of typhoid. Unfortunately, all the laundry was on shore and after the earthquake could not by any means be got back, so that really they had no clean clothes! On February 1st the ship entered port, and Miss Cross having left her patients in Bristol Hospital, went straight through to London and to the Middlesex. She says that she was "absolutely amazed at the ovation that awaited me. I only did my duty after all, and there is not a trained nurse living who would not have done the same."

A CANADIAN SUPERINTENDENTS' ASSOCIATION.

The Superintendents of Hospitals and Training-schools for Nurses in Canada have frequently spoken of forming an association to be organized at no distant date. Correspondence with this end in view has been carried on by Miss Snively, Lady Superintendent and Superintendent of the Training-school for Nurses, Toronto General Hospital. It is proposed, as a number of superintendents will be in Toronto at Easter, to take this opportunity for holding a conference on the subject, and providing for organization. We are informed that it is also proposed to organize an Ontario Hospital Superintendents' Association. On this matter we hope to have fuller information to present to our readers in our May issue.

Editorial Notes.

CANADA.

January and February.—The board return sincere thanks for some thirty copies, kindly returned at their request. There are still thirty-two requests for January numbers and five requests for February numbers unanswered, and any further copies will be gratefully received.

The Eight Hour System.—The jury empanelled recently in regard to the death of a patient at St. Michael's Hospital recommended that the number of hours on duty for nurses in hospitals should be reduced to eight.

UNITED STATES.

The United States.—The "History of Nursing" by Miss Nutling and Miss Dock, is rapidly approaching completion, and will be published, in two volumes, in June next. It will be finely illustrated, and wil not only be *the* work on the subject, but will be a volume of great interest to the general public.

ENGLAND.

Catholic Nurses Association.—On the Feast of St Francis de Sales (January 29th), the new Church of the Sacred Heart, attached to the Convent of the Visitation at Harrow-on-the-Hill, was opened with solemn services. His Grace the Archbishop of Westminster preached. The beautiful building is in late fourteenth century Gothic style, and has accommodation for the seventy sisters and one hundred visitors. We offer kind congratulations on the completion of a building which has already an interesting history. Four years ago, through the negligence of the builders, the newly-built chapel was structurally defective and had to be rebuilt. The present structure was erected to replace it with the proceeds of a lawsuit against the builders.

Superintendent of School Nurses for London.—Miss Helen L. Pearse (St. Bartholomew's), formerly Matron of the Great Northern Central Hospital, has just been appointed to this important position. The salary will be £200, rising to £300, with travelling expenses, and hours on duty from 9.30 a.m. to 4.00 p.m.

SPAIN.

The Rubio Institute.—A monument has recently been unveiled by King Alfonso in Madrid to Dr. Federico Rubio, the founder of the only institution in Spain where nurses were trained. His daughter carried on his work with great courage and generosity, but unhappily adverse influences prevailed, and as the account in *The Nursing Times* states, "not a trained nurse is left in Spain." But *Magna est veritas et prevalebit.*

Obituary.

PETERS.—The death of Dr. George A. Peters, F.R.C.S., of Toronto, on March 13th, is a great loss to the medical profession and to the nurses throughout Ontario, and leaves an empty place which no one else can fill. He had great abilities and many virtues, and was in the very foremost rank of Canadian surgeons. Honorable, upright, conscientious, thorough, skilful in all his work, he has left behind him a name and a reputation which all those who had the privilege of working with him will hold in respectful and affectionate remembrance. Dr. Peters died of angina pectoris, at the early age of 48. The deepest and kindest sympathy of all will go out to his young widow and his two little children.

HURCOMB.—It is with great regret that we announce the death of Miss Deborah Hurcomb at Buffalo on Thursday, Feb. 28th. She was one of the most widely known of the graduates of Montreal General Hospital and was a general favorite among all the nurses, both in Montreal and in Ottawa. Miss Hurcomb eight years ago as a volunteer nurse performed excellent service in the face of adverse conditions during an epidemic of typhoid fever in Low Township, and later was a nursing sister of the Army Medical Corps, with the rank of lieutenant, in South Africa. She was superintendent of the Perley Home when she enlisted as nurse with the second contingent. She returned to Canada and again went to South Africa. Returning a second time, she engaged in private nursing. Miss Hurcomb was buried at Ottawa, the funeral taking place from the residence of her brother, Mr. J. M. Hurcomb.

TAYLOR.—At the General Hospital, Stratford, January 29th, 1907, after an illness of five weeks, Margaret Melita Taylor, aged 22 years. She had completed a most successful year, and the future was filled with the brightness of the sunny disposition that was peculiarly her own. Clever, happy, in all her work conscientious, her death is but a transition to a brighter duty beyond.

SPRINGER.—The sad and untimely death of Miss Elizabeth Matilda Springer, daughter of Mr. Joseph Springer, of Zion, took place at the residence of her brother, Rev. A. R. Springer, Alma Street, on Friday evening, after a short illness, of la grippe, followed by pneumonia. The deceased young lady had graduated as a trained nurse at the Berlin and Waterloo Hospital about a month ago, and had entered upon her duties as a private nurse when she took ill, with the result that her career as a professional nurse was very brief. Miss Springer was beloved by all with whom she was acquainted, and especially by those whom she cared for as nurse at the B. and W. Hospital during her years of training.

Clinical Department.

RECTAL ALIMENTATION.

Rectal alimentation has been defined as the temporary sustaining of a patient by mechanically introducing food substances through the anus into the rectum and colon. The rectum proper, the last six inches of the large intestine, has but very limited power of absorption, but experiments have proven that the colon has decided assimilating power, though the digestive ferments are weak and somewhat uncertain in action. As every nurse knows, feeding by rectum is resorted to only in the most serious cases. Very often the patient's life depends on being able to continue the treatment, and the minutest details are, therefore, important. It is not sufficient to simply inject the food substance into the bowel; the nurse should know the underlying principles —the points that make for success, the reasons for failure.

Thompson, in "Practical Dietetics," classifies the conditions in which rectal feeding may be advantageously employed as follows: Temporary obstruction to the entrance of food into the alimentary canal; inability to swallow food from coma, delirium, or paralysis that interferes with swallowing; extreme irritability, pain, acute inflammation or ulceration of the upper portion of the alimentary canal; stricture occurring in any part of the alimentary canal above the rectum; prolonged reflex vomiting, such as may occur in pregnancy; gastric ulcer; cancer of the stomach; anv severe form of gastric irritation; exhausted condition of the system which may be present during the course of severe fevers; for the insane who refuse food by mouth; to supplement the action of a feeble stomach, or when for any reason emaciation is rapidly progressive.

Position.—The best position is on the left side, with hips elevated. In case of nervous or hysterical patients, it may be necessary to use the knee-chest position. There are numerous conditions in which it may be wise to give the injection with the patient in the dorsal position.

General Rules.—The success of the treatment depends very largely on the nurse's attention to the following rules:—

The rectum must be free from mucus or faeces before giving the injection. The bowel should be thoroughly washed out at least once daily. Two or three quarts of water may be used, to which a small quantity of common salt has been added. This washes out particles of waste matter, cleanses the mucous surfaces, stimulates its circulation, and prepares for better absorption.

Irritability of the rectum must be relieved as quickly as possible. The presence of hemorrhoids presents serious difficulties. In such cases a soft, flexible catheter should be used. To guard

against the local irritation, a local application of a two-per-cent. solution of cocaine is often used.

Vaginal tampons should always be removed.

In case of an easily irritated rectum, when it is necessary to use the nutrient enemata constantly, it may be advisable to inject with a small hard rubber syringe a dose of tincture of opium, diluted with about a half ounce of water, half an hour before the feeding. This method is often preferable to adding the laudanum to the food substance to interfere with its absorption. By giving the opium alone, the local sedative action is obtained before the larger bulk of the food substance is received. When opium is used, the nurse should watch closely the effect, use every possible means to have it retained, and when it has to be used, give the smallest possible dose to get the desired effect.

The temperature of the nutrient substance should be about 90 to 95 F.

The number of feedings depends greatly on conditions. To give oftener than once in three hours is almost certain to cause irritation that will lead to rejection. Once in six hours is very often sufficient to start with, increasing to once in four hours if occasion seems to demand.

The ordinary fountain syringe with the short nozzle should never be used. The Davidson syringe also is very undesirable for this purpose. As good an apparatus as any for this purpose is a long, soft rubber flexible colon tube attached to a small funnel. The glass barrel of an ordinary two ounce or four ounce glass syringe from which the piston has been removed or broken makes an excellent funnel for this purpose. The tube should be firm enough not to double on itself or "curl up" in the rectum, but not stiff enough to give pain or damage the lining of the bowel if it happens to catch in a fold of its surface.

For children a No. 12 or 14 flexible soft rubber catheter answers admirably.

Even the lubricant used is important in such work. Glycerine has a tendency to excite peristalsis, and is therefore prohibited. Olive oil, vaseline, or even melted butter or lard may be used. The tube should be passed up at least twelve inches in the adult. The higher it is given, the more likely it is to be retained and speedily absorbed. If the injection is given but a short distance into the intestine a comparatively small proportion of it is absorbed. The injection should be given very slowly, and the tube as slowly removed. Air should not be allowed to enter the rectum. To avoid this, it is well to fill the tube with the fluid before inserting it. The greatest objection to the Davidson syringe is that air is likely to be drawn up with the fluid and forced into the bowel to excite peristalsis. The same thing may occur with the fountain syringe, or, in unskilful hands, with the funnel and tube. If it becomes necessary to inject whiskey, it should be diluted with about three times its volume of water. Whiskey given with milk has a tendency to cause coagulation.

Food Substances.—Of the different food substances that may be used in rectal alimentation, it is important to use only such materials as will leave but little residue that is incapable of absorption. Any other food acts as a foreign body and produces a more or less irritant effect. Starches and fats are scarcely taken up at all. Fats not only are not absorbed, but by coating over the mucous surfaces of the bowel prevent other food being assimilated. Egg albumen is absorbable, but better results are obtained by at least a partial predigestion. The absorptive process is furthered by adding about fifteen grains of table salt to each egg. The yolk of the egg contains too much fat to give it any value in rectal feeeding. Experiments have shown that about 35 per cent. of the nitrogenous element of raw eggs is absorbed. When salt is added the amount absorbed is doubled, and when peptonized about 75 per cent. is absorbed.

Much experience has shown that pancreatinized milk, not too rich in cream, is one of the best of all foods for use in nutrient enemata. The white of the egg added to the milk makes a very satisfactory combination. Some authorities consider that better results are obtained by combining the white of the egg with one of the pepton solutions or meat extracts.

The whole subject of rectal feeding is worthy the most careful study and observation on the part of nurses. The difference between the skilled nurse who observes rules and notes the minutest details, and the bungling or careless nurse who goes through the business without realizing how much depends on her methods—the difference between these two nurses means the difference, very often, between life or death to the patient.

Be Pitiful, Be Courteous.—It is easy enough to be pitiful—to be pitiful to the strong man who has become a consumptive wreck, to be pitiful to the young girl who has lost her beauty from some malignant disease, to be pitiful to the little child who will be an invalid for life; but it is not so easy to be courteous to the chronic nerve-case, the fanciful old man, the crotchety old woman or the fractious old lady. How little do we realize the effect of our behaviour on the patient! Think, if all the patients you have nursed, dead and living, could come and stand beside their beds once again, pointing to some tablet recording the effect your life had upon them! What would be recorded of you! . . . How encouraged and brightened our own lives might well be! We thought it all so dreary and matter-of-fact, so full of common-place routine and duty, we thought we were doing so little because we saw no great results, and all the while we were exercising, unconsciously, an influence.—Canon Holmes, *"In Watchings Often."*

Official Department.

THE CANADIAN NURSE has the honor of publishing official information from.

Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Nurses' Association.

The Manitoba Association of Graduate Nurses.

The Ontario Graduate Nurses' Association.

The Victorian Order of Nurses.

The Guild of St. Barnabas for Nurses.

The Collingwood General and Marine Hospital Alumnæ Association.

The Fergus Royal Alexandra Hospital Alumnæ Association.

The Galt General Hospital Alumnæ Association.

The Guelph General Hospital Alumnæ Association.

The London Victoria Hospital Alumnæ Association.

The Kingston General Hospital Alumnæ Association.

The Montreal General Hospital Alumnæ Association.

The Montreal Royal Victoria Hospital Alumnæ Association.

The Ottawa Lady Stanley Institute Alumnæ Association.

The St. Catharines General and Marine Hospital Alumnæ Association.

The Toronto Central Registry of Nurses.

The Toronto General Hospital Alumnæ Association.

The Toronto Grace Hospital Alumnæ Association.

The Toronto Hospital for Sick Children Alumnæ Association.

The Toronto Riverdale Isolation Hospital Alumnæ Association.

The Toronto St. Michael's Hospital Alumnæ Association.

The Toronto Western Hospital Alumnæ Association.

The Winnipeg General Hospital Alumnæ Association.

The Vancouver Graduate Nurses' Association.

TORONTO GENERAL HOSPITAL ALUMNÆ ASSOCIATION.

Officers, 1906-7: Hon. President, Miss Snively; President, Msis Lucy Bowerman, 349 Sherbourne St.; 1st Vice-President, Miss Clara Brown, T.G.H.; 2nd Vice-President, Miss Jessie Robson, 103 Gerrard St. E.; Recording Secretary, Miss Alice Stewart, T.G.H.; Corresponding Secretary, Miss A. M. Stirling, 103 Gerrard St. E.; Treasurer, Miss Mareb Allan, T.G.H.; Directors: Miss E. Field, 505 Sherbourne St., Miss Julia Stewart, 12 Selby St., Miss Annie Lennox, 11 Humberside Ave., Toronto Junction.

Conveners of Standing Committees: Sick Visiting, Miss H. Fralick; Legislation, Miss A. Lennox; Programme, Miss B. Crosby; Social, Miss Florence Davis, 179 College St.; Look-out, Miss Elizabeth Stewart, General Hospital; Representatives of the Central Registry Board, Miss Burkholder and Miss A. Boyd.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The following ladies have received appointments as Staff Nurses: Miss E. McGrath, Miss C. M. MacRae, Miss M. H. Smyth, Miss M. C. Watson.

Postings and Transfers.

Sisters.—Miss M. L. Harris, to Devonport, from trooping duty, S.S. "Plassy"; Miss E. H. Hordley, to Portsmouth, from South Africa; Miss K. Pearse, to Pretoria, from Standerton; Miss A. A. Wilson, to Middleburg, Cape Colony, from Wynberg.

Staff Nurses.—Miss E. G. Barrett, to the Millbank, London, from Portsmouth; Miss K. Roscoe, to Egypt, from Netley; Miss H. M. E. Macartney, to Egypt, from Woolwich; Miss A. C. Mowat, to Gosport, from the Millbank, London; Miss H Winzer, to the Millbank, London, from Gosport.

THE ALUMNÆ ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Officers, 1906-7.

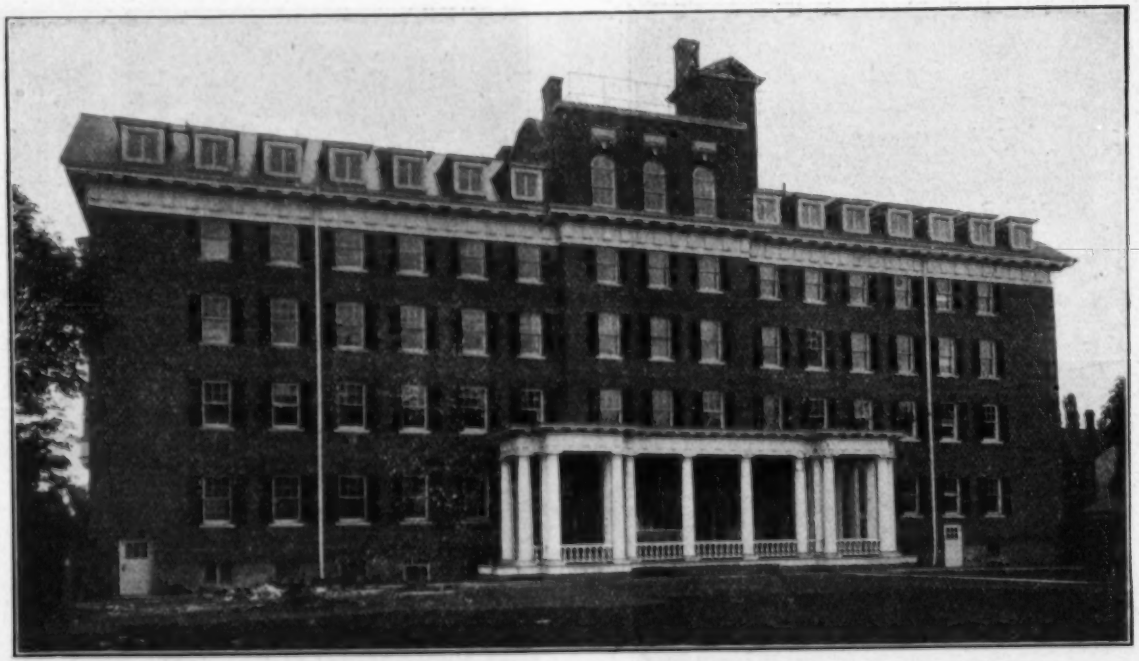
President, Miss J. Hamilton, 505 Sherbourne St.,; 1st Vice-President, Miss G. Gowans; 2nd Vice-President, Miss J. Richardson; Secretary, Miss E. Jamieson, 105 Macpherson Ave.; Treasurer, Miss M. Hill, 105 Roxborough St.; Directors: Miss M. Gray, Miss C. Leman, Miss M. F. Blythe.

Conveners of Committees.

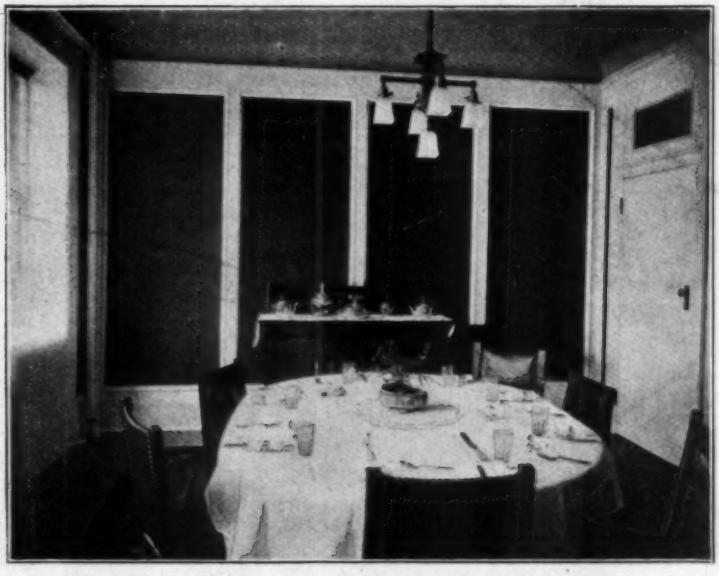
Arrangement and Publication, Miss Goodall, 668 Euclid Ave.; Sick Visiting, Mrs. Annie McGarvey, 7 Rose Ave. Meetings are held on the second Thursday of the month at 3 p.m., in the Nurses' Residence.

THE MARIA LOUISA ROBERTSON HOME FOR NURSES.

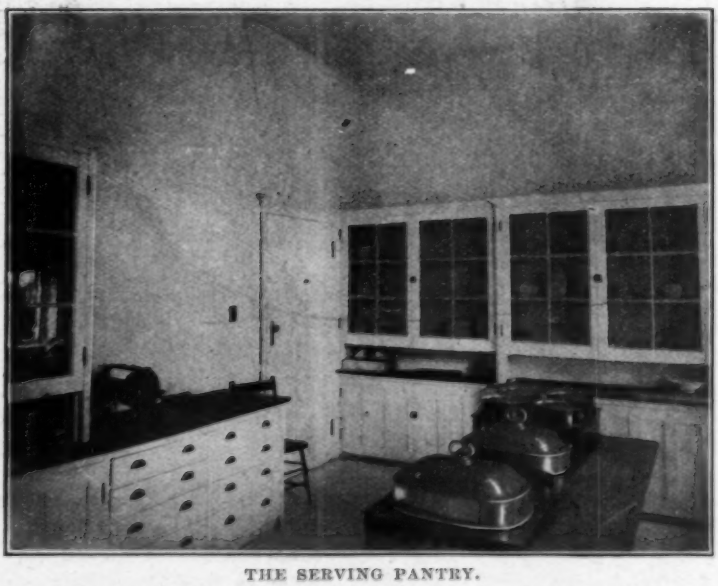
The following views of the Maria Louisa Robertson Home for Nurses, the Hospital for Sick Children, Toronto, are inserted by kind permission of Mr. J. Ross Robertson.



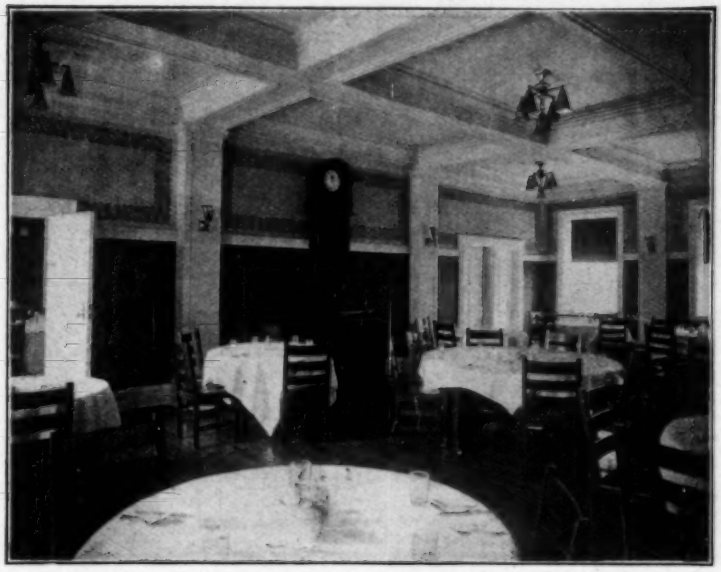
THE NEW RESIDENCE FOR NURSES OF THE HOSPITAL FOR SICK CHILDREN, ERECTED, FURNISHED AND PRESENTED TO THE HOSPITAL BY MR. J. ROSS ROBERTSON.



SUPERINTENDENT'S DINING-ROOM.

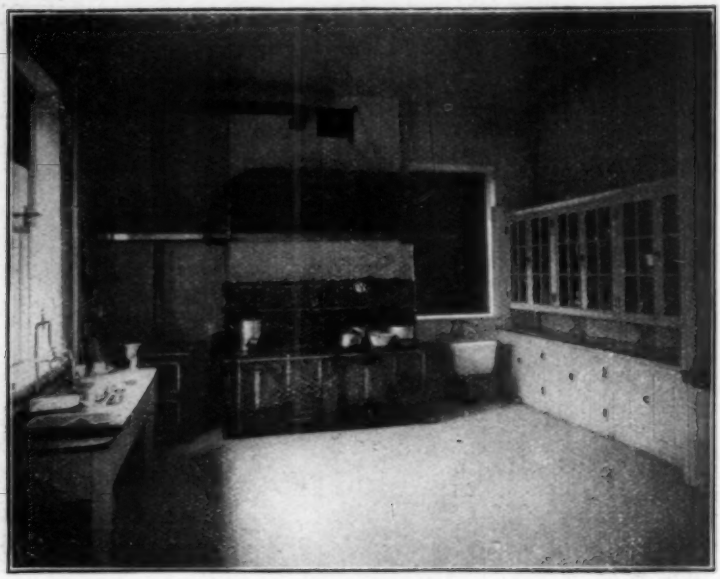


THE SERVING PANTRY.



NURSES' DINING-ROOM.

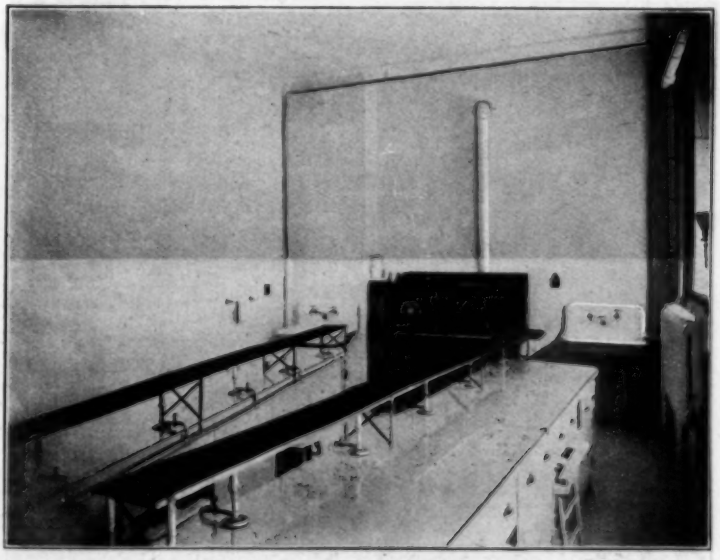
THE NURSES' PARLOR—THIRD FLOOR.



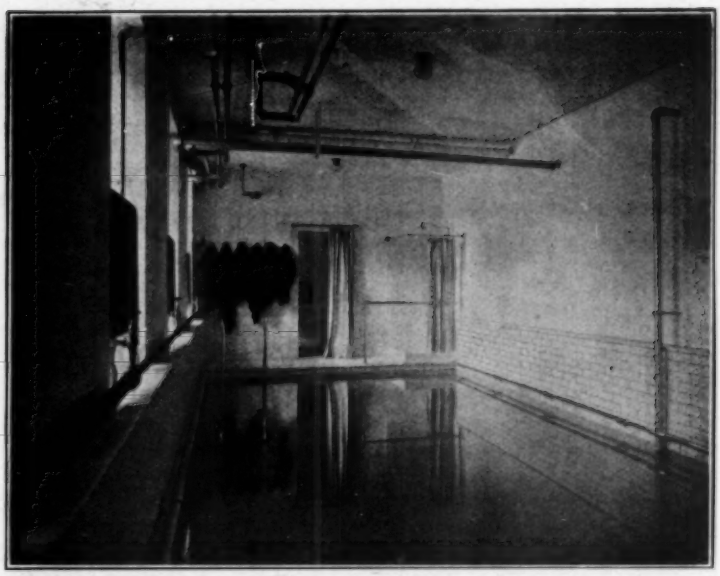
THE KITCHEN.

THE NURSES' PARLOR ON THE FIRST FLOOR.

THE MEDICAL LIBRARY ON THE SECOND FLOOR.



THE DIET KITCHEN—EAST END.



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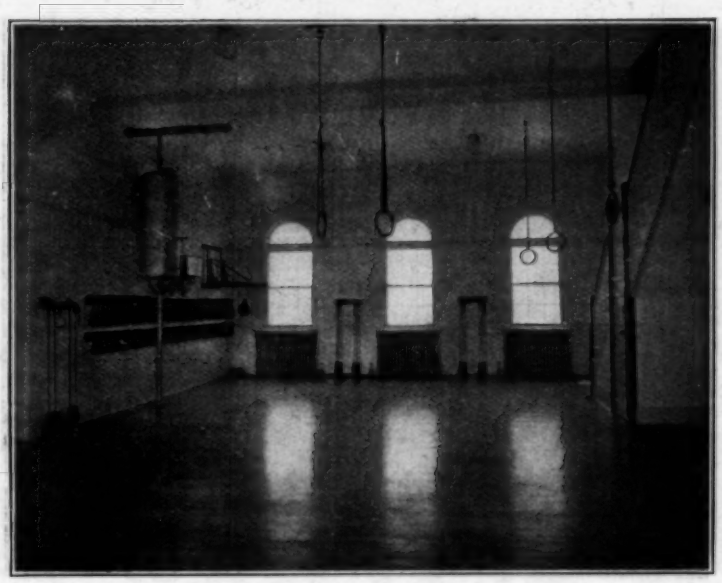
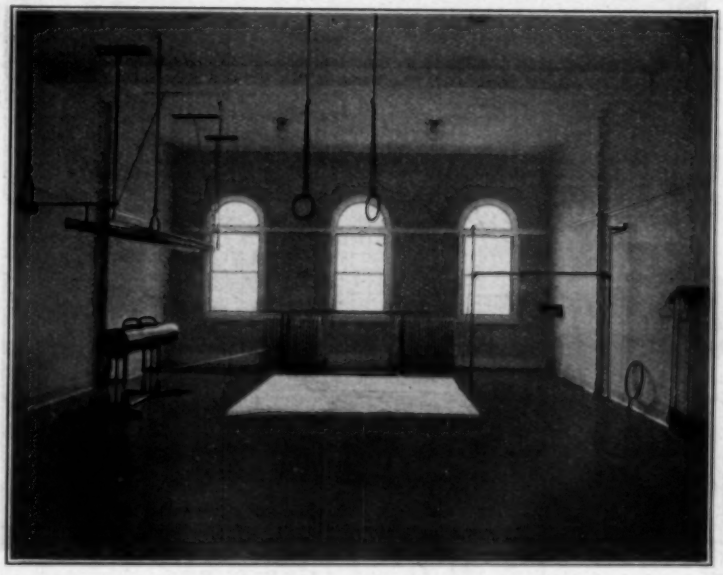
THE NURSES' PARLOR—SECOND FLOOR.

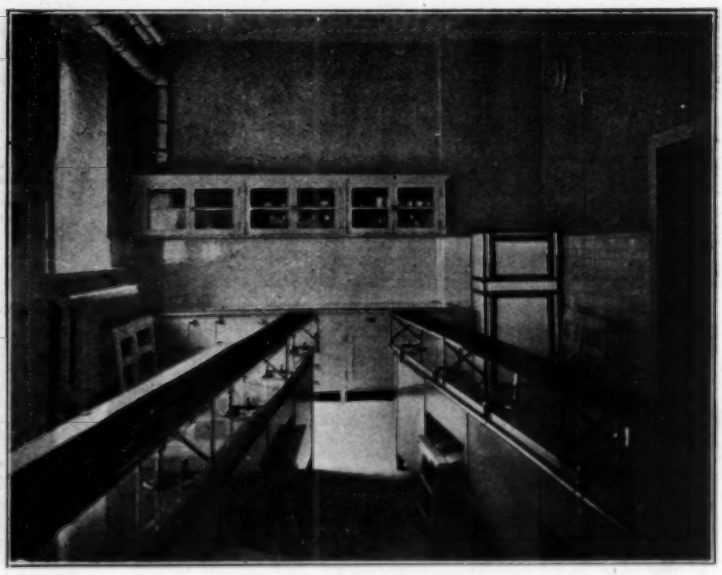
THE LECTURE-ROOM—GROUND FLOOR.



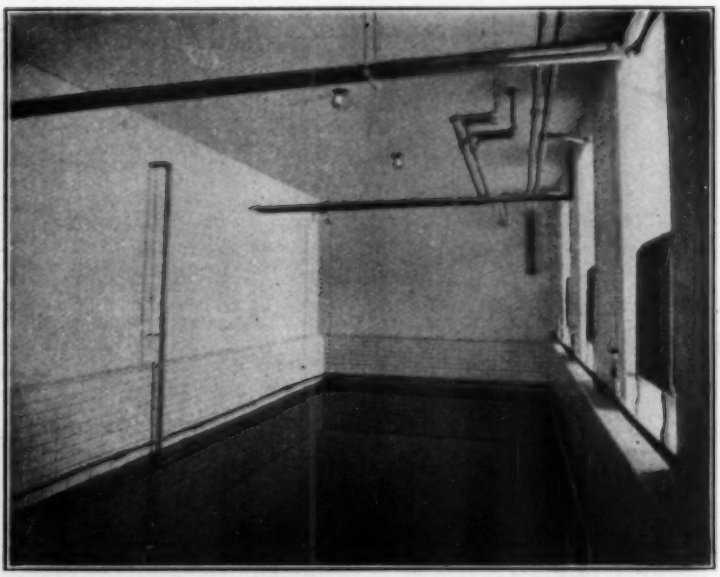
THE GYMNASIUM—NORTH END.



THE GYMNASIUM—SOUTH END.



THE DIET KITCHEN—WEST END.



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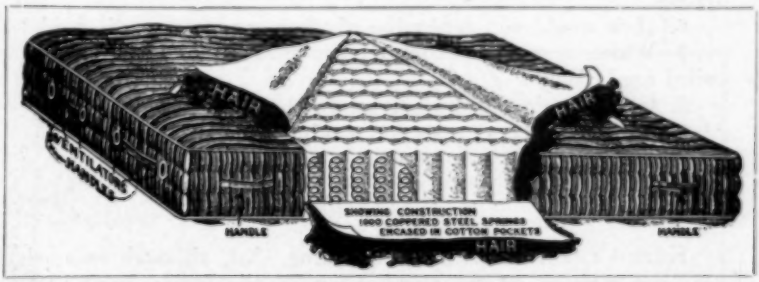

NURSES—IT IS THE BEST

This is the only Mattress on which a patient can be turned without lifting, recommended by all Physicians. Sold subject to trial and money refunded if not satisfactory. **Marshall Sanitary Mattresses** never sag or get hard, always soft and beautiful and will last a life time. Never need renovating. Send for Catalogue and prices.

Special Prices to Hospitals and Nurses

The MARSHALL SANITARY MATTRESS Co., Limited

261 King St. West, Toronto, Ont.

The Contributors' Club.

Mending Rubber Gloves.—Dry both sides. By filling with air find holes. For patch material select thin, smooth, strong rubber (from gloves discarded). The side that will be applied to glove to be cleaned with gasoline, and roughened slightly with sand-paper. Cut patch size required and round corners. Hold perforated spot smooth over finger, but do not stretch. Clean and roughen as patch material. Apply cement to glove with hair brush; put patch on quickly and hold firmly till there is no tendency to curl. After all discoverable holes are mended test again; this time by inflating the glove, *and holding under water*, where any remaining holes will be at once shown by rising bubbles. Mark these spots with white powder; spread glove to dry, and proceed as before. When all are mended and have again stood the under water test, dry, powder both sides and pair.

The Operating Room, T.G.H. E. Thorpe.

Diet Cooking (New York State nurses' examination, Friday, February 1st, 1907, a.m.).

1. What effect has cooking on meat?
2. Give recipe for veal broth made from a half pound of veal.
3. State the length of time required to cook properly the following cereals: Rolled oats, Irish oatmeal, steamed rice, cornmeal mush.
4. How would you make a flour ball?
5. Give recipe for making an oyster stew containing a pint of oysters.
6. How would you determine whether or not an egg is fresh?
7. Which is the more quickly digested, a raw egg or a soft boiled egg? Why?
8. Give a recipe for an egg sandwich.
9. Give the general rules for making custards.
10. How would you bake a banana and prepare it for a patient?

Keep Clean.—It is a strange thing, that, although so much has been written on the sterilization of the hands, very little importance is attached to the advisability of preventing them from becoming infected. Avoid handling septic wounds and dressings. Familiarity breeds contempt, and where there are many septic wounds to be dressed it is difficult, perhaps, to avoid conveying infection; but with a pair of dressing forceps and plenty of artificial sponges it is quite easy to dress a case without touching any septic material.—*Mr. G. Stokes Hatton.*

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Out-of-town Customers

WE prepay Freight or Express (we reserve the right to ship the cheapest way) on all orders of $25.00 and over, going forward in one shipment to your nearest railway station in Ontario, Quebec, New Brunswick, Nova Scotia and Prince Edward Island, on all goods except Furniture, Springs, Mattresses, Refrigerators, Organs, Stoves, Baby Carriages, Salt, Sugar and Flour.

To obtain advantage of this offer your shipment must amount to $25.00 over and above the exceptions named.

If you cannot make your order large enough to secure the advantage of free delivery, get your friends near by to join you and send the orders together and we shall forward the goods in one shipment.

THE T. EATON Co. LIMITED

TORONTO, CANADA

Correspondence.

A Letter from Baltimore.

Dear Madam,—I want to tell you how much I enjoy your journal. I am now doing private work, and will look forward more than ever to the coming of The Canadian Nurse.

Baltimore, Md., February 11, 1907.

Two Thousand Subscribers.

Dear Madam,—We are only too delighted to be able to help The Canadian Nurse in such a slight way as getting a few new subscribers, but I will never rest content till we have over two thousand subscribers.

——town, Ontario, February 14, 1907.

A Letter from Scotland.

Dear Madam,—Of course you know how I have always had the interest of the profession at heart, and especially of our Canadian Nurse, and though married I will never desert those interests, so I will still be heard from. Just at present I am paying a round of visits to my Scotch relatives and friends. I am already finding my health very much improved by my native air, and am just here at the right time for all the "swing" of the lectures, concerts and general literary and educational work.

I see by to-day's paper a letter from Mrs. Bedford-Fenwick, re registration of nurses, which I enclose. The Scotch people are awakening to the fact that the nursing profession needs attention as to the primary education of a probationer being of a high standing, also to limit the "output" of partly trained nurses. I find there are a great number of private hospitals and sanitoria which take women and train them for a year, giving them certificates at the end of that period, and of course these nurses go on other cases if they cannot find nursing in their own particular branch.

"Spotted fever" is causing a great excitement, having appeared first in Belfast, and now there are cases in all the large cities in the three countries. The physicians in high authority here have sent to Germany for a special serum, and in Belfast they have a celebrated German bacteriologist looking into and trying to trace the cause of the disease. Apparently it is not confining itself to the poor class, as one of the latest victims is a well-known music teacher here, but hopes are entertained of her recovery.

These are just a few "items" gathered by the way. I am going to try and arrange a meeting with Mrs. Bedford-Fenwick, and so get the news, re registration, first hand.

Edinburgh, Scotland, February 11, 1907.

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Non-Acid

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ALKALINE

Liquid - Powder - Paste

Teeth of persons subject to an acid or bilious stomach are liable to discoloration, which requires extra friction to remove. The Liquid, and Powder or Paste, used daily, will soon remove all such tartarous adhesions and leave the teeth clean and white, imparting a refreshing feeling to the mouth.

Very satisfactory results are obtained from using

LIQUID SOZODONT

at night, and

SOZODONT TOOTH POWDER, OR PASTE

in the morning.

THE MINISTERING ANGEL

Hospital and Training School Department

OUR SUBSCRIBERS WILL CONFER A FAVOR UPON US BY REPORTING AT ONCE IF THE CANADIAN NURSE IS NOT IN THEIR HANDS BY THE FIRST DAY OF EACH MONTH. ADDRESS ALL COMMUNICATIONS, "THE CANADIAN NURSE, TORONTO."

Miss Moodie, of Calgary, will spend some time in California this winter.

Miss Jeanette Duncan has taken charge of the Out-door Department, M. G. H.

Miss Jean Matheson has resigned as Lady Superintendent of the Kamloops Hospital.

Miss Cornett has been appointed to the staff of the Victoria Hospital, Prince Albert, Sask.

Miss Rutherford and Miss Flaws, of Calgary, will spend some months in Victoria, B.C.

Miss Sarah Riddell has been appointed Superintendent of the Cottage Hospital at Moosomin, Sask.

Miss Flora Duncan, Class '06, M.G.H., is ill with typhoid fever at the General Hospital, Montreal.

Owing to the illness and death of her sister, Miss Smith has given up her work in Blind River Hospital.

We are pleased to hear that Miss Smedley is able to be up now every day, and hope for a speedy recovery.

Miss Lindsay (T. G. H.), is now Nurse-in-Charge of the Tuberculosis Clinic at Toronto General Hospital.

The Aberdeen Society will send a library of books to the Deep Sea Mission Hospital at Harrington, Canadian Labrador.

Miss Allison, graduate T. G. H., has accepted the position of night supervisor in the Jewish Hospital, Cincinnati, Ohio.

The Toronto Western Hospital has been fortunate in securing the services of Miss Woodland during Miss Smedley's illness.

Miss Hilton (W.G.H.) has been appointed Assistant Superintendent of the Royal Columbian Hospital, New Westminster, B.C.

Miss Lillian Archibald, graduate of Victoria General Hospital, Halifax, N.S., has been appointed Victorian Order Nurse for the district of Baddeck, N.S.

One of these special bottles of GLYCO-THYMOLINE will be sent

FREE
Express Prepaid

to any TRAINED NURSE on application.

We want you to know the value of GLYCO-THYMOLINE. It stands on its merits.

Mention this Magazine
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210 Fulton Street, New York

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Swedish Movements, Medical and Orthopaedic Gymnastics
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Course in Electro-Therapy
Term : 2 Months — Tuition Fee : $25.00

Course in Hydro-Therapy in all its Forms
Term : 6 Weeks — Tuition Fee : $30.00

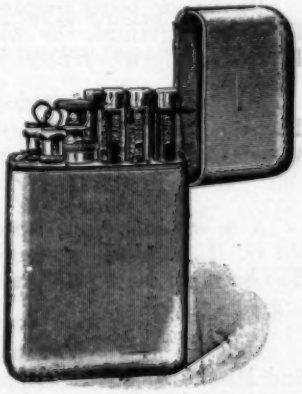
The different branches of Instruction may be commenced at the same time and finished within three months

All Students Get Hospital Experience

Spring Classes open May 15th, 1907
Summer Classes open June 27th, 1907

Particulars and free booklet on Massage upon request

Pennsylvania Orthopaedic Institute and School of Mechano-Therapy (Inc.),
1711 Green Street, Philadelphia, Pa.
MAX. J. WALTER, SUPT.



NURSES' INSTRUMENTS and DRESSINGS of All Kinds
TEMPERATURE CHARTS, Etc.
PHONE M. 306

The J. Stevens & Sons Co., Limited
145 Wellington St. W., TORONTO, ONT.

Miss Florence Inglehart, graduate Parry Sound Hospital, has accepted a position in the Nyack Hospital, Nyack, New York.

Miss Polson, graduate Grace Hospital, Toronto, has gone to the Lakeside Hospital, Cleveland, to take charge of the operating room.

Miss Daisy Brown, Toronto H.F.S.C., has resigned her postion in the hospital to take a few months' rest and is going south.

Miss Hartley (T. G. H.) received a warm welcome from her many friends on her return to her duties as night superintendent.

The M. G. H. nurses in training had their annual drive to Lachine during the last week in February. It was very much enjoyed by everybody.

Miss Flora Linkletter, who has been connected with the nursing staff of the Dauphin General Hospital, has resigned, owing to ill-health, and has gone home to rest.

Dr. E. M. Von Eberts (see another page) gave a most interesting lecture on Opsonic Index to the members of the M. G. H. Graduates' Club at the General Hospital, Montreal.

Plans are being prepared for the new wing of the General Hospital, Stratford, the work to be commenced in the spring. It will supply much needed additional room to the hospital.

Miss McDuffie, Matron of the Victorian Order Hospital, Thessalon, is taking a long leave. Her place has been filled by Miss Edith Essey, graduate of Victoria General Hospital, London, Ont.

A most interesting description of the new Nurses' Home, W. G. H., appears in the first number of the *Alumnae Journal*. The building must be a beautiful one, and the housewarming was a great success.

Miss Hewsie, graduate of the General Hospital, Hamilton, and Miss Kennedy, the Hammond Hospital, Erie, Pa., have been appointed by the Nurses' Social Club to represent the outside nurses on the Registry Committee.

A Charity Ball, in aid of the Swan River Cottage Hospital, was held at Durban, a village twenty miles from Swan River, on February 8th. A "Burns' Night" was held in Swan River in January in aid of the hospital.

In all disorders of the respiratory tract in which inflammation or cough is a conspicuous factor, incomparably beneficial results can be secured by the administration of

Glyco=Heroin (Smith)

The preparation instantly diminishes cough, augments expulsion of secretions, dispels oppressive sense of suffocation, restores regular, pain-free respiration and subdues inflammation of the air passages.

The marked analgesic, antispasmodic, balsamic, expectorant, mucus-modifying and inflammation-allaying properties of GLYCO-HEROIN (SMITH) explain the curative action of the Preparation in the treatment of

Coughs, Bronchitis, Pneumonia, Laryngitis, Pulmonary Phthisis, Asthma, Whooping Cough

and the various disorders of the breathing passages.

GLYCO-HEROIN (SMITH) is admittedly the ideal heroin product. It is superior to preparations containing codeine or morphine, in that it is vastly more potent and does not beget the bye-effects common to those drugs.

DOSE.—The adult dose is one teaspoonful, repeated every two or three hours. For children of more than three years of age, the dose is from five to ten drops.

Samples and exhaustive literature bearing upon the preparation will be sent, post paid, on request.

MARTIN H. SMITH COMPANY,
NEW YORK, U. S. A.

Miss Elizabeth Ross, M.G.H. '05, has resigned her position as nurse in charge of the Out-door Department, M. G. H., and has left to take charge of the Solway General Hospital, Detroit.

Miss Florence Kingston, graduate of the Johns Hopkins Hospital Training School for Nurses, Baltimore, is in New York, taking a post-graduate course at the Sloan Maternity Hospital.

Miss Winnie Malcolm, graduate of Dauphin General Hospital (1903), who has been practising in Winnipeg for four years, has given up her work, and is at present visiting her parents in Dauphin.

Miss Crawford, of Winnipeg, is having a delightful visit in Scotland with her relatives. We are glad to learn that her health is very much improved by her native air. She sails for home on April 11th.

Miss M. Emma Young (T. G. H.) is at present in charge of the Pavilion. Miss Young, we are glad to say, is looking very well after her term of duty as night superintendent during the absence of Miss Hartley.

Extensive alterations are being carried out at the Garrison Hospital, Halifax, where the Superintendent, Miss Pope, R.R.C., and her assistant, Sister Macdonald, both of the Canadian A.M.S., have had a very active service this winter.

Miss Belle Crosby, Chairman of the Toronto Central Registry for Nurses, has gone to England for a few months' travel. Miss Burkholder has been appointed by the General Hospital Alumnæ Association to represent Miss Crosby during her absence.

Mrs. W. J. Bassett, Women's Board of Management, G. and M. Hospital, entertained at the tea hour on Saturday, February 16th, and among the many guests were several of the graduates and the Superintendent and senior nurse-in-training of the hospital.

We learn from the *Alumnae* that the Emergency Typhoid Hospital has been converted into a temporary hospital for tubercular patients, Miss Barrie (Ogdensburgh Hospital) being in charge, and that the W.G.H. nurses are now taking a course in district nursing as part of their work.

Miss Rahno Aitken, Superintendent of the W. G. H., Montreal, has resigned her position. The Board, who were most unwilling to accept it, are trying to have the new building ready before her departure. Miss Aitken's engagement, it is understood, will be formally announced shortly.

Dr. Bruce Smith's Annual Report on the Hospitals and Charities of Ontario, is a deeply interesting document. The doctor deals with the Toronto hospital situation, Psychopathic hospitals, fire protection, consumption, and especially with the care of feeble-minded women. The report is well illustrated.

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Chocolate and Cocoa

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Absolutely pure, with a most delicious flavor, made by a scientific blending of the best cocoa beans grown in different parts of the world.

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BRANCH HOUSE
86 St. Peter St., Montreal, Canada

St. Joseph's Hospital, Victoria, B.C., has eighty beds.

Toronto General Hospital has just added twelve to its staff of nurses.

One of the best private hospitals in Victoria, B.C., is at 66 Rae Street, Miss Jones' Private Hospital.

Miss Somerville has left for Edmonton, Alta., where she has accepted the position of night supervisor in the Edmonton City Hospital.

Miss Alice J. Scott (T. G. H.) spent a fortnight at her home in Toronto on her way from Hartford, Conn., to Kingston General Hospital, of which she has been appointed Lady Superintendent.

In addition to the hospitals of Victoria, there are three other hospitals on Vancouver Island, at Chemainus (Matron; Miss Martley, a graduate of Winnipeg General Hospital), at Nanaimo, and the Naval Hospital, at Esquimalt.

The Isolation Hospital of Victoria, B.C., adjoins the Royal Jubilee, but is under the control of Dr. Herman Robertson, M.H.O. Mr. and Mrs. King are in charge, and if many cases are admitted other nurses are engaged.

Miss Ella A. Bridgeland, graduate of Grace Hospital, Toronto, who has been taking a post-graduate at the Woman's Hospital, New York, has been appointed to take charge of the new sterilizing department of the latter hospital.

The regular monthly meeting of the Collingwood General and Marine Hospital Alumnæ was held February 7th. The attendance was good, and a very interesting paper was read by Miss Dawson, the subject being "The Necessity of Organizing County Associations."

Miss Cotter (W. G. H.) is in charge of the General Hospital, Carman, Man., during the absence of Miss Venables, the Lady Superintendent, who is spending her holiday at San Pedro, California. Miss Venables has been in charge since the opening of this modern and well-equipped hospital two years ago.

The Royal Jubilee Hospital, Victoria, B.C., has just opened a new children's ward. It is situated just outside the city and has public, private and semi-private beds, about fifty in all. The resident Medical Superintendent is Dr. Haselt, and the Lady Superintendent is Miss McDonald. About twenty pupil nurses are in training and the course is two years and a half.

Miss Minnie Darby (graduate of Michael Reese Hospital of Chicago), has returned to Chicago, after spending some weeks in Toronto with her uncle, Captain Hall, who is very ill. Miss Darby is thinking of joining the ranks of nurses who are going back to the "simple life" as found in the country village.

First Showing of the Spring Embroideries at Simpson's

TASTEFUL WOMEN will be delighted to hear that Simpson's new embroideries are in. We are making a special and a comprehensive showing of them now. Come and see, and come prepared to admire. All the best Switzerland could show us has been culled for the utmost variety consistent with the Simpson standard of daintiness. The assortment comprises All-overs, Insertions, Edgings, Flouncings, Beadings, Skirtings, Medallions and "Baby" Edgings and Insertions in sets of Nainsook and Swiss. It is impossible to describe the beauty, fineness of quality, exclusiveness and newness of these embroideries in cold type. Here are details as to prices:

Cambric Embroideries. Cambric Embroideries from 1 inch to 5 inches wide, per yard, **5c** to **50c.**

Cambric Insertions. Cambric Insertions, from 1 inch to 4 inches wide, per yard, **5c** to **40c.**

Nainsook Embroideries. Nainsook Embroideries, from 3-4 inch wide to 5 inches, per yard, **10c** to **75c.**

"Baby" Nainsook and Swiss Sets. Nainsook and Swiss Sets in the finest designs, 1-8 inch to 8 inches, with insertions to match, in two widths, prices per yard, **10c** to **85c.**

Corset Covers Embroideries. Corset Covers Embroideries, in Cambric, Nainsook and Swiss, 16 inches wide, per yard, **25c** to **$1.25.**

All-over Embroideries. All over Embroideries, in Swiss, Nainsook and Cambric, 22 inches wide in the small dainty "baby" effects; also "Blousing" in handsome designs in "eyelet" blind and "shadow," per yard, **$1.00** to **$3.50.**

Blousing Insertions. Insertions in Cambric, Nainsook and Swiss for "blouses" in all the latest patterns, immense assortment in "shadow," "blind" and eyelet effects, 2 to 6 inches wide. per yard, **25c** to **$1.50.**

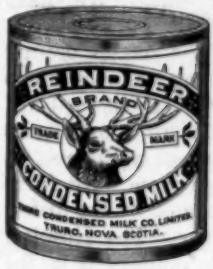
THE ROBERT **SIMPSON** COMPANY, LIMITED

TORONTO, ONT

At the annual graduation exercises of St. Luke's Hospital Training School, Newburgh-on-Hudson, New York, the following six ladies graduated: Miss Emily Mary Cudlip, Montreal; Miss Edith Drake Skidmore, Milton, N.Y.; Miss Sophia Elizabeth Adams, Belleville, Ontario; Miss Emma Florence Pense, Kingston, Ontario; Mrs. Marian Lasher Deane, Newburgh; Miss Edith Hoyle, Firthcliffe. The graduating class was presented to Mrs. William Vanamee, the President of the Hospital, by the Superintendent, Miss de Pencier, and each graduate then received her diploma and badge from the hands of the President. Miss Emma Florence Pense, daughter of E. J. B. Pense, M.P.P., of Kingston, won the prize for general proficiency, making 782 marks out of a possible 800. The proceedings were very interesting, especially an address by Dr. Henry Winter, of Cornwall, and the large attendance testified to the esteem in which the hospital and the nurses are held in the community.

The Training School for Nurses of the Toronto Hospital for Incurables, Dunn Ave., held the graduation exercises on Friday evening, March 8th, at 8 p.m. A large audience filled the spacious dining-hall, and addresses were made by His Honor the Lieut.-Governor of Ontario, who, with Mrs. Mortimer Clark, was present, and took a deep interest in the proceedings, Mr. Ambrose Kent, Chairman of the Board, and Dr. E. E. King. The graduates were: Lillia G. Scott, Mary E. Buckerfield, Mabel Fremlin, Jessie M. Hendry, Elizabeth J. White, Margaret M. Bowman, Mary E. Johnson, Esther M. Cook, Alice Scott. Miss Cook won the gold medal, Miss Johnson the silver medal, and Miss A. Scott won Mrs. Hamilton's prize for the best essay on "The Ideal Nurse." The report of the Superintendent, Miss Gray, showed that there were 134 patients in the hospital, 87 of whom were admitted free of charge. Furthermore, 77 of the patients are not able to walk, and 40 are as helpless as infants. A reception was afterwards held, and the large audience partook of refreshments and dispersed shortly before midnight. This is one of the noblest of the charities of Toronto, and the establishment of a Training School for Nurses has been a great step in advance. The nurses take post-graduate work at other hospitals.

The first step towards the building of an hospital in Moose Jaw was taken in the spring of 1900, a joint committee being formed. After this it was practically dropped until 1902, when the Daughters of the Empire took it up and worked earnestly till its completion in 1906. The hospital was formally opened April 17th, 1906, with Miss K. E. Smith (T.G.H., Toronto), as Lady Superintendent, and Miss H. N. Latimer (L.S.I., Ottawa), as head nurse. A training school was organized during the same month, and there is now a class of eight pupil nurses. The hospital is a three-story building, balconies facing the south



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Medical men are requested to send for our illustrated catalogue and a copy of "Health Culture" by Dr. Jaeger.

Dr. Jaeger Co., Limited 316 St. Catherine Street W., Montreal
286 Portage Ave., Winnipeg

and overlooking the Moose Jaw river, a small, though very picturesque, stream. The wards are all bright and airy and open on balconies, with the exception of one. We have three private wards, two semi-private and three public wards, the total capacity being thirty-seven beds. The nurses occupy the third flat, but we are living in hopes of having a nurses' home this summer. Although the capacity was only thirty-seven beds, during the typhoid fever epidemic we put in fifty, our space and energy being taxed to the utmost, it being very difficult to obtain nurses and help. The private and semi-private ward furnishings, which are of excellent quality, were donated by the different societies, the Daughters of the Empire—now "The Hospital Aid Society"—furnished the remainder. The laundry is in the basement. During the eight months of 1906 we had forty-two operations, some very serious, but all proving successful. Although thought to be large enough in the beginning, the directors already see great necessity for enlarging the building. The hospital filled a long-felt want, patients formerly having nearly always to go two hundred miles to get to such an institution.

On Wednesday evening, February 20th, those nurses who braved the storm and went to the meeting of the Social Club, felt that they were more than repaid by the programme which had been prepared for them, both in the way of music and addresses. Miss Grace MacKenzie sang "Time's Roses" and "Mavourneen," and Mr. Goldey sang "Mary," both being accompanied by Miss B. McGarvey, who had so kindly helped at the previous meeting to make the evening pleasant to the members. Miss McIntosh, of the Toronto Mission Union, spoke of her work there, especially in connection with boys, who in her must find a true friend, one who is not afraid to appear in the Police Court to plead their cases, or to help get them out of jail and help them afterwards to redeem their self-respect. In regard to the housing problem she told of the difficulty in getting a house if there were children in the family. Men who earn $9 a week have often to feed nine mouths besides providing for the rent, clothing, heat and light. Toronto has not adequate provision for housing the large number of workingmen employed here and the result is that slums are developing. A story was told of a widow with seven children who could not get a house and had to resort to a ruse to get one. She took her children to the cemetery and told them to stay there until she called for them. She then went to the landlord of a cottage she wanted and when asked if she had any children, she very sorrowfully said, "Yes, seven, all in the cemetery." Then she got the key and the children were released. Can we wonder after this at the cry of "race suicide"? The remedy which she suggested of building small houses which workingmen can buy at reasonable terms, we are glad to know has been taken up since she spoke by the Manufacturers' Association of the city.

Vapor Therapy

The avoidance of drugs if desired or compatible with any drug.

Whooping Cough

Vapo-Cresolene immediately palliates the attendant paroxysms, inhibits injurious sequelae and with attention to a strengthening diet brings the case to an early termination. Used for twenty-five years with marked success in this disease.

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Cuts short the attack and insures comfortable repose. Your druggist stocks it.

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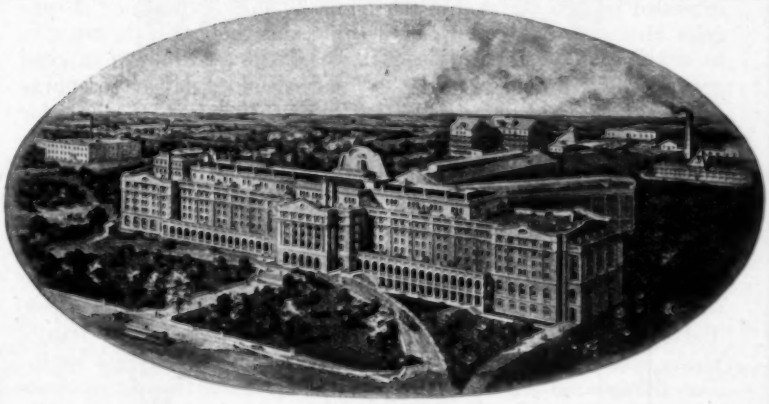
The Battle Creek Sanitarium and Hospital Training School for Nurses



This institution offers a three-years' course of instruction. In addition to the usual subjects taught in hospital training schools, special attention is given to all branches of physiologic therapeutics, including hydrotherapy, radiotherapy, phototherapy, kinesitherapy, or manual Swedish movements and massage.

Among other special advantages offered are laboratory instruction in bacteriology and chemistry, the use of the microscope, urinary analysis, practical course in cookery and dietetics, medical gymnastics, swimming, anthropometry and open air methods.

Applicants received whenever vacancies. A special course of six months' instruction in hydrotherapy, massage, manual Swedish movements and other physiologic methods is offered to graduate nurses.

MRS. MARY S. FOY, Superintendent

Supervised playgrounds were also strongly recommended where children can be taught to play. Work is grown-up play, and if children are shown how to play naturally they will become useful citizens. The gang spirit, which is so common among the boys, if not led into a right channel and made to serve a good purpose, is sure to work mischief. The aim of the mission workers is to study boy nature and make the most of it. Miss Carson, of the "Evangelia House," then told of the work of the Settlement in Queen East, which in the five years of its existence has made very rapid progress and now has about nine hundred names on its roll. This was started to help the girls of the district. There they learn to sew, make dresses, cook, do fancy work and many other things. Many of these girls have to go into business very young, some at thirteen years and thus they know nothing of home-making when the time comes for them to marry. The Settlement teaches them this, and the result is many happy homes, where otherwise there would be slattern wives, drunken husbands and neglected children. Little girls of about six belong to the Primrose Club, but as they are the little mothers on Saturday morning, when the club meets, and they must take the little sister of three with them or stay home, another club, "The Thread and Needle Club," has been formed for the little tots, who on learning to thread a needle are promoted to the Primrose Club, and are as proud as the University student who successfully passes his examination. Time and space fail us in telling of all the interesting stories told by the two speakers who are so much in earnest in their work, and whose lives mean so much for the uplifting of Toronto. A cordial invitation was extended by Miss Carson to the Nurses' Club to visit the "Evangelia House." Any help that the nurses or their friends can give to either of these institutions will be like the seed sown in good ground that brought forth a hundred-fold. Miss Josephine Hamilton, President of Alumnæ Association of Hospital for Sick Children, occupied the chair.

The Alexandra General and Marine Hospital, Goderich, was formally opened on December 1st, 1906. The funds for the erection and equipping of this institution were raised by the local order of the Daughters of the Empire, and on the day of opening, the hospital, with accommodation for thirteen patients, was handed over to the Board of Trustees with a debt of only $800. There is a four-bedded male public ward, a two-bedded female public ward, a two-bedded children's ward and five private wards. The furnishings of the private wards were gifts of generous friends. Miss Sara H. Griffiths, of Victoria Hospital, London, Ont., was appointed Lady Superintendent, and by her untiring zeal and executive ability has won the esteem and regard of the Board of Trustees and Medical Board. While in this large county of Huron we had no county hospital, and while the need

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of it in this prosperous town of Goderich, especially as it is a harbor of refuge, was apparent to many, yet the erection of the institution was opposed by a large number. Nevertheless, in its brief history of two months, there were thirteen patients admitted and six operations performed. In the month of January, 1907, it paid its own current expenses. It has accepted one pupil nurse and engaged an assistant nurse. The hospital is *per se* proving the wisdom of those who worked for its establishment. The Goderich Hospital will ever be a monument to the unselfish and steadfast band of women who, true to their order, and with every thought of loyalty to king, country and home, worked with singleness of heart and aim to provide a place where the suffering or needy could be accorded adequate medical care and treatment. The citizens of the town are supporting the hospital loyally, and to such an extent has its accommodation been taxed in the last four weeks that ere long the authorities will be confronted by the necessity of erecting an additional wing.

MARRIED.

McArthur Murray.—On Tuesday, March 21st, in Avenue Road Presbyterian Church, Toronto, by the Rev. J. W. Stephen, Miss Ida Helen Murray (T.G.H.), of Allandale, to the Rev. Malcolm McArthur, of Scarboro'.

The Nurse's Library.

A kind welcome to our new sister, *The Irish Trained Nurse and Hospital Review*, published at the Printing House, Dublin, Ireland. We hope soon to receive a visit from *The Irish Nurse* in this office.

The place of honor in the current *British Medical Journal* is given to Sir W. H. Broadbent's illustrated article on the Toronto Hospital for Consumptives. He says: "I regard it as a fine instance of Canadian common sense and foresight."

The March *Delineator* has two articles by physicians, "The Abuse of Medicine in the Nursery," by Dr. Coolidge, and "The Care of the Eyes," by Dr. Galbraith. The number is a notable one, containing an article by Ida M. Tarbell on "Woman's Place in the World."

The Quarterly is published by the Illinois State Association of Graduate Nurses, and contains the minutes of their Fourth Annual Meeting, their Bill for Registration, and many other good things, especially a strong Editorial Department. This is one of the best nurses' magazines we have seen.

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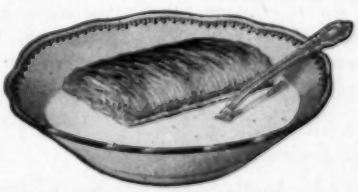

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Abdominal Surgery. By HAROLD BURROWS, M.B. London: The Scientific Press.

This manual for nurses is carefully written, and is complete and satisfactory. The sections on Symptoms, Shock, Hernia, etc., are of great value.

The Care and Nursing of the Insane. By P. J. Baily, M.B. Part I.—Anatomy and Physiology. London: The Scientific Press. 1s.

This is the course of lectures delivered by Dr. Baily to the staff of the Hanwell Asylum and will be found useful by nurses preparing for the Medico-Psychological Association's certificate.

The American Pocket Medical Dictionary. Edited by W. A. N. Dorland, M.D. Fifth edition. $1.00. Philadelphia and London: W. B. Saunders. Toronto: J. A. Carveth & Co.

This is an excellent dictionary, and no nurse can afford to be without a good medical dictionary. The latest terms and many new words are here to be noted, and the paper, printing and binding are all satisfactory.

Skin Diseases. By G. Norman Meachen, M.D. London: The Scientific Press. 2/6.

A real want is met by this little book, which will certainly fill a vacant place on our book-shelf. There is, so far as we know, no other book of reasonable size which will help the nurse in this important department of medical work. The nurse's point of view is never lost sight of, and the book is uniformly good, the chapter on eczema being one of the very best.

The Health of the School Child. W. LESLIE MACKENZIE, M.D., D.P.H. London: Methuen & Co. 2/6.

The six papers which are here reprinted by Dr. MacKenzie, who is the Medical Member of the Local Government Board for Scotland, make up a volume which we have great pleasure in heartily commending. Growth, revaccination, German medical school inspection, and other important topics, are here treated in an accurate and authoritative manner, and the result is a little book of distinct value.

Nurses' Alumnae Journal.

A warm welcome to the first number of our new Canadian sister journal, issued by the Alumnæ Association of Winnipeg General Hospital.

The first (February) number is neat and tasteful in appearance, and contains sixteen pages of letterpress. It is to be published quarterly, and is free to members of the Alumnæ. The Managing Editor is Miss Isabel Stewart, the Literary Editor Miss Johns, Editor of personal column, Miss Lumsden. and the Editor of Hospital Notes, Miss Wilson. The Hospital Notes,

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